Summer 2016

Regulating Birth: Locating Power at the Intersection of Private and Public in Oregon History

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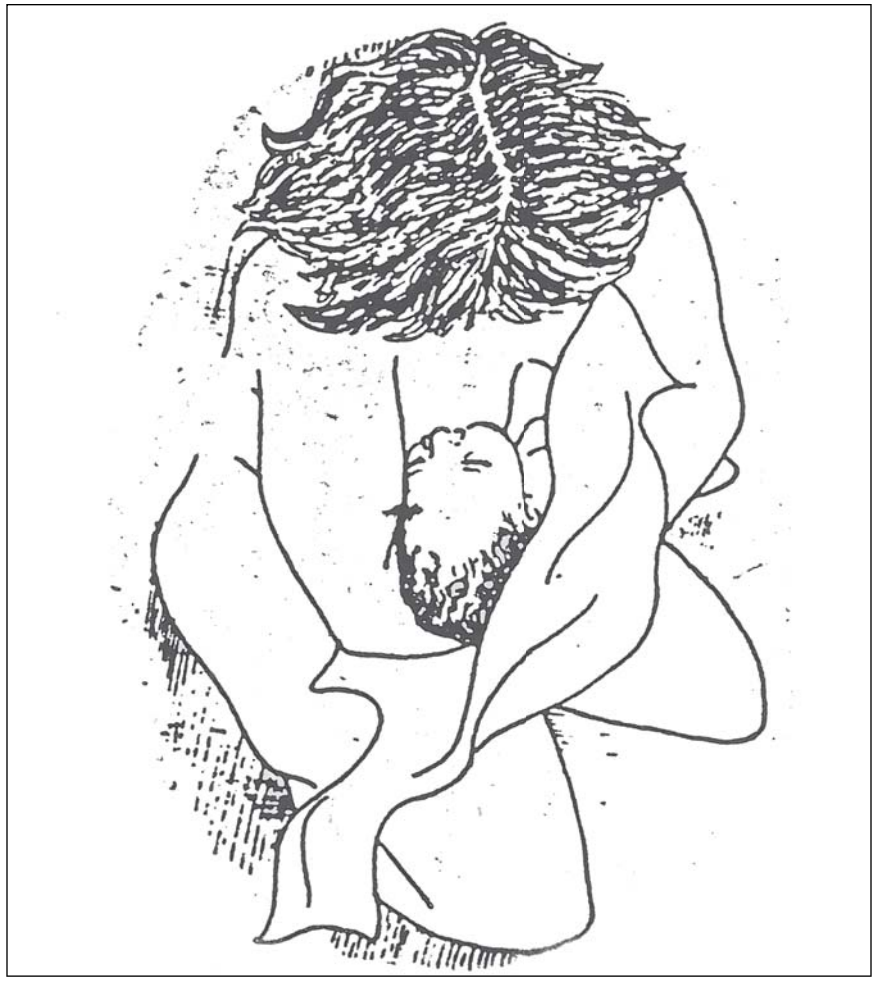
LIKE DEATH, BIRTH IS A universal experience. And yet there is nothing universal about how birth takes place. Like all social interactions, birth is shaped by our collective beliefs and values as well as by the power and inequality inherent in those ideologies. In addition, the main actor in any given birth depends on how one turns the prism: Is it the baby who is born? The midwives, doctors, or other care-givers who assist with the birth? Or is it the woman who is birthing? Certainly, and quite obviously, we have all been born. Still, none of us can recall our own births. We are dependent on others to share and shape those stories. In many ways, in fact, our personal birth stories have nothing to do with us as individuals. We are but supporting actors in a drama that more often than not belongs to the women who birthed us. Women who, like all humans, were shaped by the traditions in which they lived, by beliefs and values associated with health, wellness, and medical authority, and by the legal and political systems that framed their lives.

The inspiration for this special issue on birth originally came from a brainstorming session of the journal's Editorial Advisory Board. In the aftermath of our symposium on the history of death in Oregon, followed by the special issue "Death and the Settling and Unsettling of Oregon" in Fall 2014, advisory board members decided that death should, of course, be followed by birth. I was honored and delighted to be asked by Eliza E. Canty-Jones to co-host the journal's second symposium and serve as guest editor for this special issue. The call for papers on research examining the regulation of birth in Oregon went out in early 2015, and in November, we hosted a symposium on the history of birth in Oregon that brought together historians, midwives, nurses, public history students, and midwifery students — a wonderful patchwork of men and women engaged in the ideas, experiences, and meanings of birth. This special issue is the product of that symposium. In addition, it is in many ways an extension of an earlier call for continued scholarship on



DRAWING OF WOMAN and baby from *Birthing*, the newsletter of the Oregon Midwifery Council, published in the Winter 1991 issue, volume 14, number 55, and used here by permission

women and citizenship. In the Fall 2012 special issue of the *Oregon Historical Quarterly* on "Women and Citizenship," Guest Editor Kimberly Jensen called on scholars to use the articles on women's history presented in that issue as a "catalyst" to continue to uncover, research, write, and interpret "Oregon women and citizenship." Using birth as the focal point, this issue responds to that call.

As famous childbirth author and activist Sheila Kitzinger wrote in the 1980s, "birth is not just a matter of pushing a baby out of your body, a dem-

onstration of bio-mechanics, but [it] concerns fundamental human *values*."[1] Human beings approach the concept as well as the experience of birth with all of the social and cultural presumptions that shape us. As social historian Tania McIntosh recently noted, "pregnancy and birth never occurred in a vacuum." Rather, they "were always part of wider debates about health, welfare, and the relationship between society and its citizens."[2] Birth, therefore, is an invaluable site for locating studies of power and inequality in our collective past. Communities attempt to regulate birth in ways that reflect social, cultural, and legal assumptions about race, gender, health, and physical bodies. Historicizing birth — working to understand how and why the practices and experiences of childbirth in Oregon have developed and changed over the past century, and how efforts to "regulate birth" have shaped both its practice and experience — allows us to chart the trajectory of shifting dominant values as well as the impacts of those changes in terms of both human experience and social ideology. These historical values are regionally specific. Charting the regulation of birth in Oregon both contributes to the already extensive field of the history of childbirth and, importantly, deepens our understanding of Oregon history specifically. Why and how, for instance, have midwifery and home birth flourished in the state of Oregon, while having been restricted and criminalized in other states, and what are the consequences of this history? Let me offer a personal example.

For a brief moment, I will speak not only as a historian and a person who has been born, but also as one who has birthed three children, the first on the East Coast in Rhode Island, and the second two here in Oregon. It was in the birthing of my first child fourteen years ago that I experienced the tension between my own deeply felt beliefs about health, spirituality, and medical expertise and those of the dominant social, medical, and legal contexts in which I lived at the time, all of which were structured in a particular way that made my

DRAWING OF BABY from *Birthing*, the newsletter of the Oregon Midwifery Council, published in the Fall 1990 issue, and used here by permission

decision of where and how to birth feel not so much like a choice, but rather a herculean effort to feel safe and comfortable in the experience. Because the state of Rhode Island required direct-entry midwives to obtain the written approval of obstetricians in order to practice (a legal restriction that effectively banned home birth in the state for twenty years), my son Liam was born "illegally" in my home with the assistance of an experienced, skilled, and committed Massachusetts midwife who was willing to risk her midwifery license by crossing the state line into Rhode Island.[3] In addition, because of the way the state of Rhode Island regulated birth, it took us six months to receive my son's birth certificate, the legal document establishing his citizenship. I am deeply aware of the ways that my family's "whiteness" protected my child during the interim period when he lacked that legal document. Lest we mistakenly believe this concern to be merely a theoretical one, in 2008, the American Civil Liberties Union sued the U.S. State Department for refusing to issue passports to Mexican American citizens born at home in Southern Texas.[4] The federal agency deemed Mexican American babies delivered by direct-entry to be suspicious, and it considered those citizens' birth certificates potentially fraudulent. Because my younger two children were born here in Oregon, a physical and metaphorical space far from Rhode Island, they were both born "legally," in my home with licensed direct-entry midwives in attendance. Three midwife-assisted births, all in my own home: one considered illegal and two considered legal. In my personal experience of childbirth, place, space, and region shaped my physical, psychological, and legal experience in dramatically different ways. As one of the twenty-eight states in the United States where direct-entry midwifery is legally respected the state of Oregon plays an important role in this particular unfolding history of regulating birth.[5]

Social anxieties about citizenship and family, and even life itself, often underlay birthing regulations. Exploring the history of birthing regulations in Oregon, therefore, helps to tease out those tensions. Beyond its midwifery history, Oregon has regulated birth — both directly and indirectly — in ways that have significantly influenced its residents, both women and men. From the impact of federal Indian policies on Oregon's Native communities to the role of labor unions in advocating for access to birth control to the unfolding history of genetic testing and its influence on birth choices, the regulation of birth both reflects and shapes community assumptions regarding inclusion and exclusion. The articles presented in this special issue present a persuasive and compelling case for focusing historical attention on childbirth as an integral step in better understanding our collective past. As historians of women and gender have long argued, centering historical inquiry on experiences previously dismissed as merely "women's issues," holds the potential

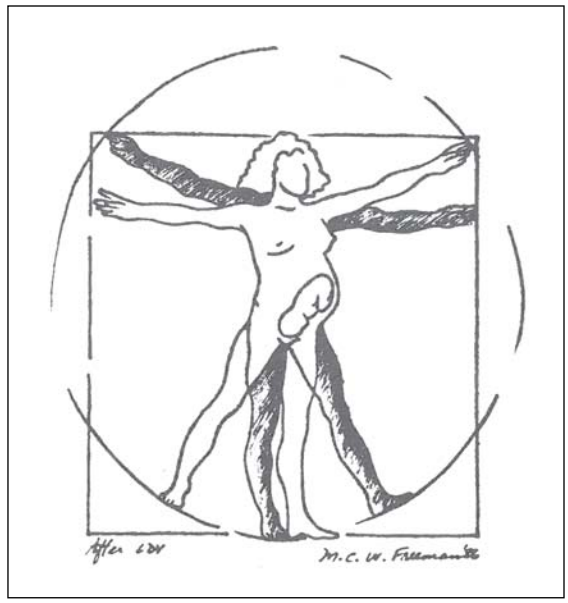
to both deepen our historical knowledge as well as challenge traditional historical narratives. Wonderfully, this special issue does both.

Before reflecting on these papers individually, I want to briefly connect them to a larger body of scholarship on birth history more generally. From where we sit in twenty-first century Oregon, even the use of the term *regulating* with regard to birth potentially conjures negative images of an ominous "state" or medical authority seeking to control women. And we would not be entirely wrong in making these assumptions; after all, as McIntosh details, the historiography of childbirth is littered with narratives of conflict — conflict over issues of professionalization, conflict between midwives and doctors, and conflict between women and their medical providers who, for a lengthy period of time during the twentieth century, were largely male physicians with little birth training or experience as well as conflict between women and the state.[6] Additionally, as Shafia Monroe pointedly notes, black women's history in the United States begins with the physical regulation and control of their bodies through enslavement. Clearly, *regulation* rightly carries with it troubling, even devastating, connotations.

And yet, if we limit our understanding of regulation only to narratives of conflict, we would not be entirely right, either.[7] We would miss an opportunity to reflect more deeply on the complex ways that Oregonians have engaged in birth as well as on the ways that birth reveals dynamics of power and inequality that extend beyond a narrative of conflict, especially one in which the state performs only as adversary. In other words, birth, like life itself, is messy. Acknowledging this messiness brings women to life in a very real way: after all, women have functioned both as patient and care provider, victim and reformer, oppressed and oppressor.

The first attempts to regulate birth in a legal sense came from women themselves, who, horrified by high rates of infant and maternal mortality at the end of the nineteenth century and influenced by their Progressive Era faith in science and medicine, sought social and legal avenues to protect women and children.[8] From concerns over unsanitary labor conditions to fears about poor nutrition, hygiene, and baby care, white middle-class women reformers sought federal and state interventions to protect what they perceived to be the special health needs of parturient women and their babies. Their efforts resulted in the creation of the Bureau of Child Welfare in 1912, and, under the guidance of Julia Lathrop, the Bureau began documenting birth statistics including infant and maternal mortality. By 1921, Lathrop and other women's health activists such as the famous Dr. S. Josephine Baker lobbied for passage of the Sheppard-Towner Bill, which provided federal funding for women's health clinics and prenatal care.[9] That important (though short-lived) legislation included professionalization requirements to ensure proper training for birth attendants,

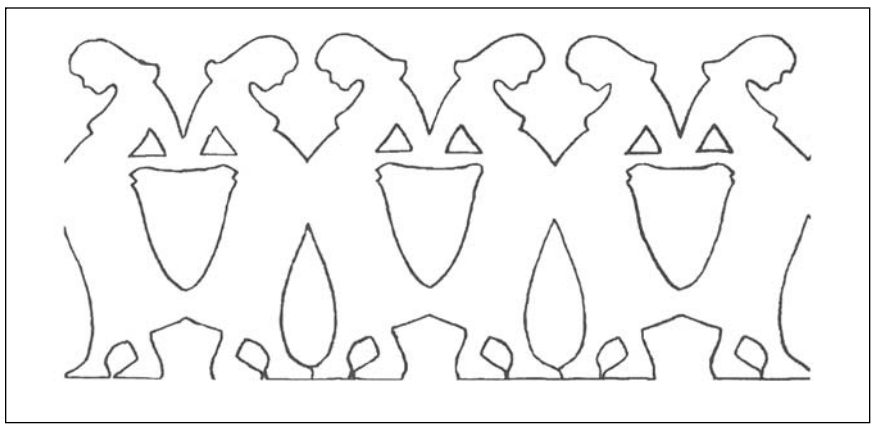
including physicians, who not coincidentally remained inexperienced and poorly trained in matters of childbirth throughout the 1920s. Although intended to better protect birthing women, professionalization also led to a dramatic reduction in midwives, many of whom were experienced and highly skilled but lacked access to the new educational requirements.[10] Thus, even as the legislation signaled a new concern for women's health, it came at the expense of traditional women practitioners. Crafted as it was by white middle-class women, the legislation also failed to protect the health needs of women of color.[11] Like many a Progressive Era woman reformer, Baker's reform efforts may have been inspired by good intentions, but cultural and racial prejudices nonetheless shaped those intentions, resulting in both exclusionary rhetoric and practices. In this case in particular, Baker was among a number of white middle-class physicians who vocalized xenophobic fears in the 1920s, warning that unless white women's health was better protected, the Anglo-Saxon race risked being overtaken by immigrant families descending upon America.[12] Thus, women have always historically played a role in regulating birth; their actions, as well as those of the medical establishment in general, reveal racial exclusion and structural inequality. By 1930, a combination of factors including professionalization requirements as well as anti-immigrant legislation had significantly diminished the numbers of babies birthed by midwives. Nonetheless, midwifery continued to flourish in the South, especially among the rural poor and black communities, where, as historian Susan Smith has noted, black midwives played a vital role in maintaining the overall health of black communities.[13] Southern black women



DRAWING OF PREGNANT Vitruvian Woman, "After LDV," by M.C.W. Freemont and from *Birthing*, the newsletter of the Oregon Midwifery Council, published in the Winter 1986 (9:36) issue, and used here by permission

continued to be assisted by black midwives up through 1950, with fully half of all black babies delivered by midwife.[14]

Women have also articulated conflicting perspectives on pain in childbirth, beliefs that have historically informed collective assumptions about where and how birth should take place. Historian Lawrence G. Miller has noted that the debate over whether or not childbirth pain is physiological (a normal part of the process) or pathological (a symptom of a disease that can and should be managed) is a long-standing and highly contentious one that not only undergirds the way that medical experts have historically approached birth, but also significantly impacts the way that women understand, anticipate, and even experience pain in childbirth.[15] As such, at various times in American history, and largely reflecting the social and cultural beliefs of the time, women have played an active role both in bringing obstetric anesthesia to childbirth as well as in refusing obstetric anesthesia in childbirth.[16] In 1914, for instance, upper-class women, including female physician Eliza Taylor Ranson, spearheaded the campaign to bring twilight sleep to the United States. A combination of morphine and scopolamine, the twilight sleep injection rendered women oblivious to pain without total loss of consciousness. According to Ranson, "unless women *demand* relief, they will never get it."[17] Ranson, a feminist, self-consciously connected pain-relief in childbirth to women's control and independence, claiming it would make them better citizens.[18] If women could overcome this devastating pain, as well as the anticipation of it, they would have more energy for civil pursuits, thereby achieving equality with men. This path towards full citizenship, however, generally included only white wealthy women who could



PREGNANT PAPER DOLLS drawing from *Birthing*, the newsletter of the Oregon Midwifery Council, published in volume 15, number 58, and used here by permission

afford to access it. Historian Jacqueline Wolf even suggests that American women's early demands for pain relief contributed to the rising authority of the physician over the midwife, even before the completion of the transition from home to hospital birth.[19] Thus, white middle- and upper-class women's preferences for obstetric anesthesia further shaped the medicalization of childbirth, even as poor, rural, immigrant, and black women continued to be attended by midwives out of hospital.

Perhaps, then, it is somewhat ironic that several generations later feminist women campaigned *against* obstetric anesthesia, using the very same language of control and autonomy. Within the context of the 1960s and 1970s emergence of second-wave feminism and the women's health movement, feminist birth activists protested the over-medicalization of childbirth, claiming that the routine hospital use of anesthetics not only pathologized birth, a physiological process, but also denied women control, autonomy, and access to the power they claimed was inherently present in natural child birth.[20] Thus, feminist women in differing historical moments with seemingly the same goal — control — have characterized childbirth pain quite differently, with significant ramifications for the ways that birth has been regulated.

The papers collected here engage deeply with the messiness of birth history, framing historical questions around this issue of control while highlighting multiple layers of social and political inequalities. In "Changing the Debate: A Twentieth-Century History of People with Disabilities, Their Families, and Genetic Counseling ," Adam Turner explores an ethical debate regarding the rise of technology and genetic testing in the latter half of the twentieth century. Turner importantly looks at the ways that the rhetoric of control and choice in childbirth created conflict between the movements for disability rights and women's reproductive rights. Turner moves us beyond the standard battle narrative by exploring the ethical consequences of birth decisions in an era of heightened technology. Perhaps one of the most valuable and important aspects of Turner's research is embedded in his reminder that conflict over birth choices points us to the social and cultural anxieties of the communities in which these choices are being made. In other words, although birth — a very personal and local experience (as noted by Turner) — provides the context for this conflict, birth itself functions merely as a micro-reflection of larger, contested social ideas regarding who and what makes for the "right" kind of human, the "ideal" citizen. In a social world in which people with disabilities are regularly under- and de-valued, birth magnifies the realities of social inequality.

My own exploration of the impact of federal Indian policies on the birthing experiences of the Klamath Tribes of Oregon suggests ways that we can and should open up our understanding of how and where birth history

UNITY THROUGH DIVERSITY! drawing from *Birthing*, the newsletter of the Oregon Midwifery Council, published in the Spring 1991 (13:53) issue, used here by permission

is located in Oregon. Native American women continue to have high rates of infant and maternal mortality. On the whole, Native American health continues to rank the poorest among all racial and ethnic minorities in the nation. Health clinics and health care that are treaty obligations of the U.S. federal government continue to be woefully underfunded and underprepared to care for Native women's specific needs. This, combined with the devastating reality that indigenous women are 2.5 times more likely to be raped or sexually assaulted than all other women (and in 86 percent of these cases the attacker is non-Native) means that any proper historicization of birth must include the larger social and political contexts of inequality in which women who give birth actually live.[21]

Shafia Monroe, founder and director of the International Center for Traditional Childbearing, along with birth-care providers Consuelo Vasquez, Mariah Taylor, and Zalayshia Jackson, importantly call our attention to the ways that midwifery practice in Oregon has also been an exclusionary practice. Paralleling the state history writ large, race has shaped the experiences of both Oregon midwives and birthing women, impacting both practices and experiences of childbirth. As founder of one of the first African American midwifery programs in the nation, Monroe has become a beacon of midwifery support for black women in Oregon. Connecting the regulation of birth to the larger national history of the regulation of black women's bodies from the slave era through Jim Crow and up through the present, Monroe reminds us of the larger social, political, and historical contexts in which women of color experience both regulation and childbirth. Here again, these experiences reflect power and inequality associated with race, even as they also point to the ways Oregon's black women are actively reclaiming both bodies and birth experiences from an overly regulated past.

Bruce Hoffman presents the untold history of Oregon's organization of independent midwives in the latter half of the twentieth century, exploring the impacts of the state's interpretation of legality on the actual practice of midwifery. As Hoffman richly demonstrates, Oregon's unique legal interpreta-

tion of midwifery allowed for voluntary licensure for midwives — a potentially progressive political move that both professionalized midwifery care and opened up the practice to a wider demographic of women who previously may not have had access to this type of care in childbirth, even as it also arbitrarily excluded midwifery from medical practice, thus restricting some aspects of care from the purview of Oregon midwives. Hoffman's analytical essay combined with the rich personal stories shared by Oregon midwives Holly Scholles, Mary Solares, and Sarah Taylor highlight Oregon's national prominence in ensuring the survivability of midwifery as well as, of course, the preservation of the experience of home birth for Oregon women. Committed to serving women in a non-medicalized experience of childbirth, these women added political advocacy and professional organizing to their list of midwifery skills as they shepherded the OMC through the contentious process of voluntary state licensure.

In "Lewd, Obscene, and Indecent: The 1916 Portland edition of *Family Limitation*," Michael Helquist provides an engaging interpretative framework for understanding Oregon physician Dr. Mari Equi's revision of *Family Limitation* at the behest of nationally known birth control activist Margaret Sanger. Noting that Sanger requested Equi to revise the pamphlet in part because of her "medical" knowledge, Helquist argues that Equi may have served as a "pivotal transition," for Sanger in her gradual shift away from feminist ideals and toward the medicalization of contraception in her determined struggle to provide birth control access for all women. As has been noted by other scholars, Sanger's rhetorical abandonment of women's autonomy and control in favor of the language of medical wellness had significant ramifications for the movement for women's rights; but it also had consequences for Oregonians' conceptions of childbirth. After all, the medicalization of birth control contributed to the overall medicalization of birth itself. Helquist, however, notes that Equi's position as both a medical doctor and a radical pro-union feminist suggests that Sanger's initial move toward medicine was not necessarily accompanied by an abandonment of the working class. On the contrary, Equi's address of the revised pamphlet specifically to union members underscores the continued connection between birth control advocacy and labor activism in 1916.

Helquist's essay is accompanied by the *Oregon Historical Quarterly*'s first historic comic, "Adventures in *Family Limitation*," co-written by Helquist and Khris Soden and illustrated by Soden. The comic provides a visual and artistic rendering of the Progressive Era activist relationship between Equi and Sanger, illuminating the circumstances under which Equi revised *Family Limitation*. Taken as a whole, both the comic and Helquist's article dramatize

and personalize working-class Oregonians' experiences and perceptions of birth regulation in the Progressive Era. Further, they draw attention to the ways that Sanger and Equi targeted both women and *men*, noting the impact of birth issues on the entire community. Finally, highlighting the aforementioned overlap of labor and birth activism both the article and comic suggest potential future avenues for research.

And pointing to still more research opportunities, Oregon Health and Science University Special Collections Archivist Maija Anderson's carefully crafted research file invites scholars to continue to explore many of the questions posed in this special issue through accessing the rich archives of Portland's First Independent Birth Center. Collaboratively founded in 1982 by physicians, nurses, and midwives, "Birth Home Inc." assisted hundreds of women in giving birth in a "home-like" free-standing birth clinic. Seeking an alternative to hospital birth, these collaborators worked hard to provide women with high-quality health care and birthing assistance in an attempt to restore control in childbirth to Oregon women. Although short-lived (the problem of liability insurance proving insurmountable), the unique effort is one that demands more historical attention. Fortunately, the Birth Home, Inc., archive, which has been explained in detail by Anderson, is accessible to researchers.

Taken together, the research essays, edited speaker transcripts, primary document, history comic, and research files presented in this special issue encourage readers to consider the importance of thinking about birth historically. Doing so also promotes a historical focus on women, the result of which is a new and nuanced view of the Oregon past. Birth may be universal, but it is certainly not experienced as such, as is evident once we begin exploring this multi-layered history. Social, political, and economic beliefs and systems shape the way communities regulate birth. As such, these processes of regulation reflect racial, gender, and socioeconomic class inequalities. Collectively, the work gathered here is significant in its own right, making a vital contribution to the national historiography of childbirth in the United States. But it is equally important as a factor shaping our understanding of Oregon history. The collective efforts of so many to preserve the legacy of Oregon birth history remind me of still more unexplored stories that also demand careful attention. For instance, how much more could we learn from the voices of the many Oregon women who have themselves given birth? How did they approach birth? How did they view pain? How do they remember those experiences, and in what ways have their experiences impacted them? We have covered much ground in this special issue, and I am grateful to all of our contributors for their persuasive historical arguments that demonstrate just how central birth and its regulation are to our understanding of Oregon history.

NOTES

1. Quoted in Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (New York: Routledge, 2012), 1.

2. *Ibid.,* 4.

3. For a thorough legal history of midwifery in Rhode Island, see Simone M. Caron, "It's been a long road to acceptance: Midwives in Rhode Island, 1970–2000," *Nursing History Review* 22 (2014): 61–94; In 2007 Rhode Island removed the law requiring physician approval for midwifery care, effectively making home birth "legal" again. See Rhode Island Public Radio, "Home Birth in Rhode Island," accessed at http://ripr.org/post/homebirth-rhode-island, May 14, 2016.

4. Spencer Hsu, "Midwife Delivery Can Lead to Passport Denial," *Washington Post*, September 9, 2008, Section A21.

5. Midwives Alliance of North America, "Legal Status of U.S. Midwives," http://mana.org/about-midwives/legal-status-of-us-midwives, accessed May 11, 2016.

6. McIntosh, *A Social History of Birth and Maternity*, 2, 5–23.

7. *Ibid.*, 5–6, 17–23.

8. Dorothy Wertz and Richard Wertz, *Lying In: A History of Childbirth in America* (New Haven: Yale University Press, 1989), 133–51.

9. Brodsky, *The Control of Childbirth*, 127.

10. *Ibid.*; McIntosh, *A Social History of Maternity and Childbirth*, 21.

11. Christa Craven, *Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement* (Philadelphia: Temple University Press, 2011).

12. Jacqueline H. Wolf, Deliver Me from Pain: Anesthesia and Birth in America (Baltimore: Johns Hopkins University Press, 2009), 53.

13. Susan L. Smith, "White Nurses, Black Midwives, and Public Health in Mississippi, 1920–1950," in Judith Walzer Leavitt, ed., *Women and Health in America: Historical Readings* (University of Wisconsin Press, 1999), 445.

14. *Ibid.*

15. Lawrence G. Miller, "Pain, Parturition, and the Profession: Twilight Sleep in America," in Susan Reverby and David Rosner, eds., *Health Care in America: Essays in Social History* (Philadelphia: Temple University Press, 1979), 22–25; Wolf, *Deliver Me from Pain*, 7–9.

16. Judith Walzer Leavitt notes that women were "initially more eager than physicians to use anesthesia," in Judith Walzer Leavitt, *Brought to Bed: Childbearing in America 1750–1950* (New York: Oxford University Press, 1986,) 117.

17. As quoted in Wolf, *Deliver Me from Pain*, 60.

18. Lawrence G. Miller notes that Eliza Taylor Ranson connected twilight sleep to suffrage. Miller, "Pain, Parturition, and the Profession," 32.

19. Wolf, *Deliver Me From Pain,* 60.

20. For example, Ina May Gaskin, founder of The Farm Midwifery Center, first published her classic work *Spiritual Midwifery*, which highlights the "natural" and "spiritual" process of childbirth, in 1976. For a recent, thorough account of the resurgent home-birth movement, see Craven, *Pushing for Midwives*.

21. Amnesty International, *Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA* (New York: Amnesty International, 2007); Gurr, *Reproductive Justice*, 71, 105, 109.

Flowers from *Birthing*, 1992 (15:59), used here by permission